

Employers Supporting Breastfeeding Mother Project Evaluation

We would like to know if the employee packet has been helpful to you. You may mail your completed copy of this evaluation to:

**CSRA Breastfeeding Coalition, Inc.
P.O. Box 15254
Augusta, Ga. 30919**

You may also access a copy of this evaluation at
<http://www.ecphd.com/common/content.asp?PAGE=609>
Please email the completed copy to dmwilson@dhr.state.ga.us.

Employer Support Before Receiving the *Employers Supporting Breastfeeding Mothers Packet*
Which best represents your workplace environment **before** receiving the *Employers Supporting Breastfeeding Mothers Packet*?

Circle one:

- | | |
|----------------|--|
| Agree Disagree | 1. My workplace has female workers of childbearing age. |
| Agree Disagree | 2. My workplace tries to accommodate the needs of the breastfeeding employee. |
| Agree Disagree | 3. My workplace provides flexible time for a breastfeeding employee to pump or express her milk for her child. |
| Agree Disagree | 4. My workplace provides a private place for a breastfeeding employee to pump or express her milk for her child. |
| Agree Disagree | 5. My workplace has an employee policy that ensures support to the breastfeeding employee. |

Complete the following section **after** reviewing the *Employers Supporting Breastfeeding Mothers Packet*.

Circle one:

- | | |
|----------------|---|
| Agree Disagree | 1. I can identify two benefits to my workplace of supporting breastfeeding employees. |
| Agree Disagree | 2. I can identify two ways that my workplace can support the breastfeeding employee to encourage her to continue breastfeeding and working. |
| Agree Disagree | 3. I am more likely to implement practices in my workplace that are friendly to the breastfeeding employee. |
| Agree Disagree | 4. My workplace is likely to submit an application to be recognized as a Breastfeeding Mother Friendly Employer. |
| Agree Disagree | 5. The <i>Employers Supporting Breastfeeding Mothers Packet</i> helped me understand how to better support breastfeeding employees. |

Optional: Name of Workplace _____

Date _____ Phone _____ Email _____

Completed by: _____ Job Title _____